



*City and County of the City of Exeter.*

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EDUCATION COMMITTEE.

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# ANNUAL REPORT

OF THE

## School Medical Officer

FOR THE

CITY AND COUNTY OF  
THE CITY OF EXETER

1945

## SCHOOL MEDICAL STAFF.

### School Medical Officer and Medical Officer of Health :

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

### Assistant School Medical Officers :

JESSIE SMITH, M.B., CH.B., D.P.H., Leeds.

IRIS V. I. WARD, M.D. London, M.R.C.S., L.R.C.P.

BENJAMIN T. JONES, L.M.S.S.A., D.P.H. (Acting Deputy Medical Officer of Health).

### School Dental Surgeons :

GEORGE VALENTINE SMALLWOOD, L.D.S. Eng. (Retired 30/6/45).

JOHN F. A. SMYTH, L.D.S. Eng. (Appointed 1/7/45).

### Assistant School Dental Surgeon :

HORACE J. V. WEBSTER, L.D.S. Eng. (Temporary).

### School Nurses (also Health Visitors).

Miss C. A. KNUCKEY (Retired 10/10/45).

Miss B. M. KNUCKEY (Retired 10/10/45).

Miss M. M. FOY.

Miss D. HICKSON.

Miss A. H. EDDIS.

Miss M. E. BLACK (Temporary).

Mrs. F. M. HOCKING (Temporary) (Left 9/8/45).

Miss F. L. GIBBONS.

Miss E. PHILLIPS (Appointed 1/1/45).

Miss M. P. BLUEMEL (Appointed 9/10/45).

Miss N. E. SMITH (Appointed 15/10/45).

Mrs. T. S. TILLER (Part-time) (Appointed 12/11/45).

### Dental Attendants :

Miss E. I. ROSE (Temporary).

Mrs. E. A. M. KNEE, G.M. (Temporary).

### Clerks :

Mrs. D. V. M. WILSON (Temporary).

Miss M. BUCK (Temporary).

Miss B. E. D. BURROUGHS (Temporary) (Left 13/6/45).

Miss S. M. WILSON (Temporary) (Appointed 20/6/45 ; left 28/8/45).

Miss S. M. STERRETT (Temporary) (Appointed 10/9/45).

### *The following are on Active Service :—*

ROBERT P. BOYD, M.B., CH.B., D.P.H. Glas., F.R.F.P.S.G. (Deputy M.O.H.).

CLIFFORD A. REYNOLDS, L.D.S. Eng. (Assistant Dental Surgeon).

W. G. LOTT (Clerk).

RALPH BUDGE (Clerk).

Miss D. F. A. CHESNUTT (Dental Attendant).

# Annual Report

OF THE

## School Medical Officer

FOR THE

### CITY AND COUNTY OF THE CITY OF EXETER, 1945.

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*To the Chairman and Members of the Education Committee.*

I have the honour to submit my report upon the Medical Inspection of School Children for the year 1945. The report is again limited in scope and the statistical material is curtailed. The Minister does not require a full report, pending decisions on the form future reports will take under the Education Act, 1944.

**(a) Staff.**

As stated in previous years, the whole of the professional staff takes part in the work of the Public Health Department as well as of the School Health Department. Changes are shown on the opposite page.

It will be observed that all members of the clerical staff are now temporary.

Health Visitors devote one-third of their time to school health work. As the City is divided into four health districts, the same nursing staff supervises the welfare of children from birth onwards. The same staff is also responsible for enquiries in connection with infectious disease, instead of leaving this duty to sanitary inspectors. This arrangement has obtained in Exeter for several years. There is much to be said in its favour. The health districts will require reconsideration in the near future. The Maternity and Child Welfare Department has under consideration the building of a Centre in the northern part of the City. It would be a great convenience to the schools in this part of Exeter if the Centre could be so planned as to provide a branch School Clinic including a Dental Surgery.

I desire to express my appreciation of the work of the Staff during the year, and to thank the Teachers for their co-operation.

**(b) Changes in Arrangements for Medical, Dental and Cleanliness Inspections and Treatment.**

Changes under the Handicapped Pupils and School Health Service Regulations, 1945, are being introduced gradually as opportunity offers. Under paragraph 42. of these Regulations, the School Medical Service becomes henceforth the "School Health Service." Paragraph 49. lays down that every pupil admitted for the first time to a Maintained School shall be medically and dentally inspected as soon as possible after the date of admission. Parents have been invited to medical inspections for many years past, but they are now to be invited to the first dental inspection of every pupil. The inspection of all pupils as soon after entry as possible will mean some re-arrangement of the working programme. Hitherto each school under the Authority has generally been visited annually and the whole inspection work carried out at that time. There have, of course, been numerous special examinations and re-examinations at the School Clinics, supplementing the work in the schools, and these will be continued. It will, however, be necessary for the Assistant School Medical Officers to visit the schools more than once a year. With regard to the ascertainment and treatment of certain categories of handicapped children (paragraph 53. of the Regulations), provisional approval has been sought for existing arrangements, but it is clear that some of these arrangements will require revision before long. With regard to paragraph 54, which lays down the qualification for school nurses, no change is required in Exeter, as these duties have been carried out by the Health Visitors for many years past.

The Authority has had under careful consideration Section 48 (3). of the Act and the various circulars of the Ministry giving guidance thereon. As a result, a modified scheme for the free hospital treatment of pupils attending Maintained and Provided Schools in Exeter received the Ministry's approval and came into operation on the 1st September. This scheme has added to the services already provided by the Authority, free in-patient and out-patient treatment for accidents and injuries; diseases of ear, nose and throat, in addition to the operative treatment of tonsils and adenoids; all forms of juvenile rheumatism (including cardiac cases); diabetes; diseases of the skin and short-stay minor operation cases, together with consultations with the visiting staff of hospitals where necessary. This provision has been made partly by arrangement with the Royal Devon and Exeter Hospital (Voluntary) and partly with the City Hospital. Although these arrangements do not pretend to furnish a comprehensive service, it is felt that a very useful beginning has been made. The services existing before the Act came into



force included minor ailments; dental; vision (including operative and orthoptic treatment of squint); operative treatment of tonsils and adenoids; orthopaedic; speech therapy and child guidance.

The Department is able to record a good volume of work in spite of many difficulties. The examinations of the routine age groups in the primary and secondary modern schools were completed. They amounted to 2,576 in 6,529 children, against 2,828 examinations in 7,301 children in 1944. To these must be added 316 other routine examinations, making a total of 2,892. Special inspections and re-examinations amounted to 3,746. In addition, inspections at Hele's School and the Boys' Secondary Technical School amounted to 665, of which 281 were complete examinations and 384 curtailed examinations.

School Clinic attendance figures were as follows :—

	1943.	1944.	1945.
Central Clinic .....	6,248	5,130	3,942
Western Clinic .....	6,463	3,992	2,273
Eastern Clinic .....	4,344	5,109	4,229
Dental Clinic .....	5,066	5,141	4,716

When Exeter ceased to be an official reception area, the services of the additional medical officer were terminated. Since then the Eastern and Western Branch Minor Ailment Clinics have been conducted by school nurses. Previously there was a doctor's day twice a week at each. The appointment of another Assistant School Medical Officer will make it possible to restore the doctor's day at the branch clinics, to the great advantage of the schools in the area. The organisation of these branch clinics some years ago has been thoroughly justified by experience. A similar branch clinic, which should include a dental surgery, is badly needed in the northern health district.

The number of individual children found to be unclean was 1,273, giving a percentage of 19.8. This is higher than last year. Much of the trouble is due to a small number of difficult families. The standard is strict; one nit is recorded as an unclean head. Before the war the figure was round about 10 per cent. for several years. The number of girls over school age found at hospitals and elsewhere to have unclean heads, is rather disturbing. To some extent this tends to render the efforts of the school nurse ineffectual by providing a constant source of infestation in the home. It is surprising that girls of sixteen and over should not take the trouble to keep themselves clean. The Scabies Order, 1941, applies to all sorts of parasitic vermin besides the *acarus scabei*, but it is a somewhat ponderous

procedure and its application is only worth while in the worst cases. In this twentieth century it should be just as much an offence to have a dirty head as to ride a bicycle at night without proper lights.

During 1945, scabies again showed a substantial and very welcome decline. I have never been convinced that treatment with benzol benzoate emulsion is satisfactory unless it is applied by a specially trained attendant, when excellent results may be obtained. For ordinary domiciliary treatment, sulphur ointment is preferred, with plain printed directions which any ordinary person can follow.

The following table shows the incidence of scabies in the schools for the past 12 years. The arrangements for treatment remain the same :—

**INCIDENCE IN SCABIES FOR THE PAST 12 YEARS.  
IN EXETER SCHOOL CHILDREN.**

<i>Year.</i>	<i>Families.</i>	<i>Cases.</i>	<i>School Population.</i>
1945	163	375	6,529
1944	229	538	7,301
1943	259	823	6,813
1942	245	707	7,003 *
1941	468	950	9,796
1940	167	288	10,891
1939	20	53	7,764
1938	29	41	7,286
1937	29	42	7,422
1936	12	25	7,578
1935	10	22	7,796
1934	7	13	7,913

\* End of year ; actual population greater in first five months.

It will be seen that the rise began before the war and was greatly accelerated by the war.

**(c) Additions to and Curtailment of the Arrangements for Various Forms of Treatment or the Provision of Solid Meals or Milk.**

Changes in arrangements for treatment have been noted in the previous section.

*School Meals.* The average number of solid meals served daily was 2,300. These meals are prepared and cooked in three area kitchens, viz. :—

- No. 1, at Paul Street ;
- No. 2, at Montgomery School ;
- No. 3, at Bradley Rowe School ;

augmented by Sub-Kitchen "A" at Whipton School and Sub-Kitchen "B" at Hele's School. An additional area kitchen at Ladysmith School will be opened shortly.

The charge for dinners is regulated according to the following scale :—

- 5d. for first child in family ;
- 4d. for second do.
- 3d. for third and remaining children.

Meals are provided free to necessitous children.

Every effort is made to maintain and improve the dietetic value of the meals and to introduce variety.

A census of meals served was taken by the Ministry on 11th June. This showed that 87.2% children were taking milk meals and 23.6% children were taking solid meals. These figures are almost identical with those of the previous check on 23rd February, 1945. Compared with 1944, there is a slight fall in milk meals and a substantial rise in solid meals.

## **EVACUATION AND RECEPTION.**

At the end of the year, 9 official evacuees remained in the City.

## **NUTRITION.**

There is no statistical significance between the figures recorded in 1945 on page 12 of this Report and those for 1944. I think it can be said quite fairly that the efforts of the Ministry of Food and of Local Education Authorities to maintain the health and well-being of school children have met with a considerable measure of success. Reports from occupied countries suggest that the children of Britain are fortunate in spite of all the shortages and difficulties. Several observers have reported an improvement in the dental condition of children generally. There may be many reasons for this, but one reason is certainly dietetic, viz., restriction of the use of sugar and starchy foods, which are known to favour decay, coupled with a more equal distribution of essential vitamins and a more general consumption of vegetables.

Clothing remains a difficult problem. On the whole the clothing and boots of our school children are surprisingly good and reflect credit on the care bestowed by parents. There are, of course, exceptions, but the general average shows what can be done in the circumstances.

### THE CHILD GUIDANCE CENTRE.

The Education Committee has continued to use the Centre conducted by Dr. R. N. Craig and his team of assistants at Pilton House. The Centre was first approved for use by the Local Education Authority by the Board of Education in 1935. Towards the end of 1945, Dr. Craig intimated to the Local Education Authority that he did not intend to carry on the Centre beyond 31st March, 1946. It has, therefore, been necessary to consider plans for the future. No doubt, the desirability of endeavours in this direction—more or less experimental at the time—was implied in the Education Act, 1921, and official circulars issued under that Act. The Children and Young Persons Act, 1933, was a stimulus to authorities to make more adequate provision for the ascertainment and treatment of maladjusted children, and the Education Act, 1944, makes it obligatory upon local education authorities to provide such centres either for themselves or by arrangement with neighbouring authorities. At this stage it might be helpful to quote from a recent circular on the subject by an authoritative body, The Provisional National Council for Mental Health. The circular says :—

“ Child Guidance may be defined as the specialised investigation of those causes which disturb normal mental stability and social adjustment in children and the application of suitable methods of prevention and treatment. The following are a few typical examples of problems dealt with in clinics :

- (i) Anxieties and fears.
- (ii) Sleep disturbances.
- (iii) Temper outbursts.
- (iv) Stammering.
- (v) Enuresis (bed-wetting).
- (vi) Truanting.
- (vii) Educational retardation.
- (viii) Delinquencies ; stealing, sex offences, persistent lying.
- (ix) Psychological symptoms in physical disorders.
- (x) Physical symptoms in psychological disorders.

The value of child guidance is now generally recognised throughout the country and clinics of varying types have been established.”



The circular goes on to explain that the essential staff should consist of a medical psychologist (psychiatrist), with special experience of children; an educational psychologist possessing high qualifications in psychology as well as educational experience; a psychiatric social worker—a rather cumbersome term for the trained worker whose duty it is to be the essential link between the centre and the home; and the necessary clerical assistance. This is the bare bones of the organisation. Large authorities would need more complicated arrangements. Well-informed opinion in educational circles favours the idea that the educational psychologist has a useful sphere of work beyond the confines of the child guidance centre.

The work of the child guidance centre should not be confused with the ascertainment and training of feeble-minded children. Indeed, we take steps to see that feeble-minded children do not find their way to the centre. For this reason I think it is unfortunate that the Handicapped Pupils Regulations made under the 1944 Act, group together as “educationally subnormal children” those with limited ability and those retarded from other causes. Some backward children may be helped substantially by the child guidance centre, just as others may be assisted by the removal of adenoids, or the provision of spectacles or hearing aids; but it is certain that little can be done in this way for the feeble-minded. Their problem is quite different.

Thanks are due to Dr. Craig for his initiative and perseverance in providing Exeter with a child guidance centre at a time when this work was little understood or appreciated. Thanks are also due to Dr. Craig for maintaining the centre throughout the war. During 1945 the number of children referred by the Local Education Authority through the School Health Department was 57—the highest number so far.

Good results depend so much upon a satisfactory home background that the question of hostels is being explored for cases lacking this. Such a venture must be experimental—we have little to guide us; but progress cannot be made without experiment.

#### **SPEECH THERAPY CLASS.**

In last year's Report I suggested that this valuable work might receive more detailed notice in future. The following information has been contributed by Miss J. M. Whitaker, Speech Therapist. Since the end of the year, Miss Whitaker's appointment has been made whole-time :—

" At the beginning of 1945, there were two speech clinics in Exeter ; one at Newtown School and one at the University College of the South West, Gandy Street. In February it was decided to discontinue the Newtown Clinic in favour of one at Whipton School, and on February 28th the first session at the Whipton Clinic was held. The children previously attending at Newtown were divided up—some went to Whipton and the remainder to Gandy Street. In September, two more clinics were started at Shakespeare Road Community Centre and Merrivale Road Community Centre respectively.

	<i>Total.</i>
Children attending at beginning of year .....	22
New cases referred .....	44
	—
	66
	—
Children discharged .....	17
Ceasing attendance before discharge for various reasons .....	6
Number attending at end of year .....	43
	—
	66
	—
Total number of sessions .....	108
Total number of attendances .....	1,045

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The School Health Service is undergoing a process of great development. There is a great deal to be done before the full value of the new legislation can be realised. It is felt that substantial progress has been made during 1945.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. B. PAGE,  
*School Medical Officer.*

# STATISTICS.

## ELEMENTARY SCHOOLS, 1945.

Elementary School Population	6,529
No. of Elementary Schools	21
No. of Departments	31

TABLE I. \*

### Medical Inspections and Treatment Returns, 1st January to 31st December, 1945.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1,181
Second Age Group	653
Third Age Group	742
Total	2,576

Number of other Routine Inspections 316

#### B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections 3,746

\* These numbers refer to the tables in the pre-war form of report.

TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN  
INSPECTED DURING THE YEAR IN THE ROUTINE  
AGE GROUPS.

Age-Groups.	No. of Children In- spected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	1181	206	17.4	895	75.8	80	6.8	—	—
Second Age-Group	653	90	13.8	509	78.0	53	8.1	1	.1
Third Age-Group	742	124	16.7	561	75.5	57	7.8	—	—
Other Routine In- spections .....	316	61	19.3	226	71.5	29	9.2	—	—
Total	2892	481	16.6	2191	75.8	219	7.6	1	—

*Group II.—Treatment of Defective Vision and Squint (excluding  
Minor Eye Defects treated as Minor Ailments—Group I).*

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	481	—	481
Other defect or diseases of the eyes .....	43	—	43
Total .....	524	—	524
No. of Children for whom spectacles were :—			
(A) Prescribed .....	382	—	382
(B) Obtained .....	380	—	380



*Group I.—Treatment of Minor Ailments* (excluding Uncleanliness, for which see Table V).

Total number of defects treated under the Authority's Scheme	.....	1,571
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**TABLE V.**

VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse	.....	14
(ii) Total number of examinations of children in the Schools by the School Nurses	.....	17,028
(iii) Number of <i>individual</i> children found unclean	...	1,273
(iv) Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921 or Section 54 of the Education Act 1944.		18
(v) Number of cases in which legal proceedings were taken :—		
(a) Under the Education Acts	...	<i>Nil</i>
(b) Under School Attendance Byelaws	....	<i>Nil</i>

## TABLE VI.

## BLIND AND DEAF CHILDREN.

Number of totally or almost totally blind and deaf children who are *not* at the present time receiving education suitable for their special needs. The return relates to all such children, including evacuees, resident in the Authority's area

.....  
.....  
*Nil*

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EDUCATIONALLY SUB-NORMAL AND MENTALLY DEFECTIVE CHILDREN.

Total number of children notified during the year ended 31st December, 1945, by the Local Education Authority to the Local Mental Deficiency Authority under Section 57, Education Act, 1944 :—

Educationally sub-normal at 14 plus	.....	25
Ineducable	.....	8
		—
		33
		—

*Group III.—Treatment of Defects of Nose and Throat.*

NUMBER OF DEFECTS.			
Received Operative Treatment.		Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
256	9	—	265

**TABLE IV.****DENTAL INSPECTION AND TREATMENT.**

Mr. G. V. Smallwood, Senior Dental Surgeon, retired on 30th June, his period of service having been extended by the Authority considerably beyond the usual retiring age owing to the circumstances of the war. Mr. Smallwood was appointed in June, 1924, and, although he was not the first dental officer appointed by the Authority, he was for all practical purposes the first regular whole-time Dental Officer for Exeter; and it was he who built up the admirable School Dental Service which we have. His place was taken by Mr. J. F. A. Smyth, who took up his duties on 1st July as temporary Senior Dental Officer. Mr. Smyth has furnished the following report on the work of his Department :—

**Report of the Senior Dental Officer.**

I have the honour to submit the Report of the School Dental Service for 1945.

The present establishment consists of a Senior and one Assistant Dental Officer and two Dental Attendants, all on a temporary basis. Seventy-five per cent. of Clinic time is devoted to School work, the remainder being occupied with Maternity and Child Welfare, Public Health and Social Welfare duties. The School establishment is, therefore, the equivalent of one and a half whole-time officers. This has been just sufficient to provide annual inspection and treatment for all Primary and Secondary Modern and Technical Schools, and treatment for scholars at Secondary Grammar Schools. Under the provisions of the new Education Act, however, additional work will have to be undertaken, and this will undoubtedly necessitate an increase of staff.

Of the 775 sessions worked during the year, approximately 623 were wholly or mainly occupied with School work, 61 for inspection and 562 for treatment, showing some encroachment on time reserved for other work.

The objects of our work are most adequately summed up in the words of the Chief Medical Officer to the Board of Education (as it then was):—"The aim of the School Dental Scheme should be to secure that as many children as possible shall leave school without the loss of permanent teeth, free from dental disease and trained in the care of the teeth." Thus the criterion of the perfect School Dental Service would be that each leaver not only has no bad teeth, but has a full complement of naturally sound or properly filled teeth, except for any extracted to relieve overcrowding. The measure of success can only be judged properly by inspection of leavers, and this would yield some most instructive data if it were carried out. The general acceptance rate is not a true guide, since a number of children only accept treatment when they have pain or have obviously "bad teeth," and others accept irregularly, often with the result that permanent teeth are lost which could have been saved in previous years. Nor is the proportion of sound mouths a reliable index, since many children become sound after losing the first permanent molars and perhaps other teeth. Some indication is given by a comparison between the number of fillings and extractions of permanent teeth, bearing in mind that the total number of fillings is more than the number of teeth filled, possibly 50 per cent. more overall. In Exeter in 1945, the figures were:—fillings, 3,345; extractions, 913. Of the latter it is estimated that about 20 per cent. were removed for orthodontic purposes, so that we may say very approximately 2,230 teeth were filled and 730 various teeth removed; that is one lost for every three saved. While these figures are not unsatisfactory and compare favourably with the average for the rest of the country, they cannot be regarded with complacency.

Public apathy is the worst enemy to healthy teeth in this country and the School Health Service, in its dental aspect, has the vitally important task of showing the rising generations both theoretically and practically that bad teeth are a serious and unnecessary liability. This can only be done by constant instruction in oral hygiene, the highest standard of conservative work, and suitable propaganda of all kinds, designed to arouse interest in the condition of the teeth.

It is impossible to estimate how many children clean their teeth. Most say they have toothbrushes, but it is only a minute



fraction that uses them regularly and efficiently. Stagnation of food at the gum margins and between the teeth is the rule, except with children who have naturally self-cleansing mouths, and the damage done in this way is very considerable. A thorough scaling and polishing, showing the effects of this in a mirror to the child, often produces an excellent psychological result, even if sometimes shortlived. One hundred and three scalings were done in the last five months of the year.

A total of 3,701 children were found to require treatment as Routine or Special cases, and 2,349 were actually treated. This gives an empirical acceptance rate of 64 per cent. and is probably a fair standard by which to judge. The basic acceptance rate can only be determined by the total number accepting treatment after routine inspections. The figures for the last four months of the year only are:—Primary Schools, 64 per cent. ; Secondary Schools, 63 per cent. The two highest were Lady-smith Primary Girls' and Countess Weir with 77 per cent. each.

Provision is made for the treatment of casual cases, and Tuesday mornings are set apart for this purpose. In addition, really urgent cases are seen at any time when referred by Head Teachers or the Medical Officers. There is a danger, however, that such a service may be abused and the aims of the Dental Scheme frustrated if parents are free to refuse routine treatment, knowing that at any time they can have their children's toothache relieved without charge. A free extraction clinic is very far from the aims set out above, and it has been found that the time taken up by the treatment of Specials may interfere seriously with routine work. Further consideration of the provision made for Specials is suggested.

The majority of extractions are done under nitrous oxide or vinyl ether, administered by the Senior Assistant Medical Officer. Two sessions per week are devoted to this, and the arrangements are admirable in every way. Thanks are due to Dr. Smith for the excellent anaesthesia induced in even the most difficult patients, every one of whom has been fully and successfully treated. The total number of "gases" was 1,353.

A number of orthodontic cases were satisfactorily treated by extractions only, but no record of the total is available. Regulation plates (all of the removable type) were fitted in 28 cases. There has been a noticeable deterioration in the care and regular use of these since they have been provided and repaired free. Entirely successful results have chiefly been obtained in simple cases when

the plate had only to be worn a few weeks. Artificial dentures were supplied to 18 children, to replace front teeth lost by accident or neglect.

The two Clinics in the School Health building are most adequately equipped and centrally placed. Attendance from some of the more distant schools, however, is not always satisfactory, and branch Clinics would be a great advantage to everyone concerned.

In conclusion, I should like to thank all the staff of the School Health Department, and in particular my Assistant and the Dental Attendants, for their help and support since I have been here.

J. F. A. SMYTH,

*Senior Dental Officer.*

(1) Number of children inspected by the Dentist.

(a) Routine age-groups—

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
No.	—	267	632	770	753	698	740	715	541	572	347	82	39	1	6157

(b) Specials ..... 475

(c) TOTAL (Routine and Specials) ..... 6,632

(2) Number found to require treatment ..... 3,701

(3) Number actually treated ..... 2,349

(4) Attendances made by children for treatment ..... 4,716

(5) Half-days devoted to :—

Inspection ..... 61

Treatment ..... 562

Total ..... 623

(7) Extractions :—

Permanent Teeth ..... 913

Temporary Teeth ..... 3,294

Total ..... 4,207

(8) Administration of general  
anaesthetics for ex-  
tractions ..... 1,353

(6) Fillings :—

Permanent Teeth ..... 3,345

Temporary Tee ..... 458

Total ..... 3,803

(9) Other Operations :—

Permanent Teeth ..... 630

Temporary Teeth ..... 201

Total ..... 831

# Hele's School

AND

## Boys' Secondary Technical School, 1945

TABLE I.

Return of Medical Inspection, 1st January to 31st December, 1945.

INSPECTED :—

School.	Examinations.		Total.
	Complete.	Curtailed.	
Boys' Secondary Technical	70	67	137
Hele's (Boys) .....	211	327	538
Total .....	281	394	675

The number of boys at the Boys' Secondary Technical School found to require treatment was 11 =  $\frac{8}{15}\%$ , five being dental cases.

The number of boys at Hele's School found to require treatment was 51 = 24% of those examined completely. A majority of these were cases of defective vision or minor ailments.

